

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	20385	
O.I.P.E. CLASSIFIER		57	2/26/00
FORMALITY REVIEW		71423	9-11-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	9/13/01
2	9/13/01
3	9/13/01
4	9/13/01
5	9/13/01
6	✓
7	✓
8	✓
9	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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